

Application to Construct, Repair, Renovate or Demolish a One or Two Family Dwelling

INSTRUCTIONS: Please complete all sections using ink. Please print legibly. Incomplete applications could result in delays or denial of application

SECTION 1 - Site Information:

1.1 Property Address:

1.2 Assessors Map, Block, Number:

1.3 Zoning District:

1.4 Property Dimensions:

1.5 Building Setbacks:

Area:

Frontage:

Front:

Rear:

Right:

Left:

% Lot

Coverage:

1.6 Water Supply:

1.7 Sewage Disposal System:

1.8 Flood Zone:

Flood Zone Map:

☐ Public

☐ Private

☐ Municipal

☐ On Site Disposal System

SECTION 2 - Property Ownership/Authorized Agent:

2.1 Owner of Record:

2.2 Authorized Agent:

Name (print)

Name (print)

Address Line 1

Address Line 1

Address Line 2

Address Line 2

City, State, ZIP

City, State, ZIP

Telephone

Fax

Telephone

Fax

Signature

Date

Signature

Date

SECTION 3 - Construction Services:

3.1 Licensed Construction Supervisor:

3.2 Registered Home Improvement Contractor:

License Number

Expiration Date

License Number

Expiration Date

Name (print)

Name (print)

Address

PERMIT #

Address Line 1

FEE

Address Line 2

Address Line 2

CHECK #

City, State, ZIP

City, State, ZIP

DATE

Telephone

DIG SAFE #

Fax

Telephone

Fax

Signature

Date

Signature

Date

☐ Not Applicable

☐ Not Applicable

SECTION 4 - Workers' Compensation Insurance Affidavit (M.G.L. c. 152 s.25 C(6)):

Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached? ☐ Yes ☐ No

SECTION 5 - Description of Proposed Work (check all applicable):

- ☐ New Construction ☐ Addition ☐ Other (specify) _____
☐ Existing Building ☐ Accessory Building ☐ Demolition _____
☐ Alteration(s) ☐ Repair(s) _____

Remarks:

Proposed Use:

SECTION 6 - Building Detail:

☐ Fire Suppression Installed Stories: Width: Length: Height: Area: Volume: No. of Dwelling Units:

☐ Fire Suppression Proposed

Building Description:

Existing
Use Group:

Proposed
Use Group:

Existing
Hazard Index:

Proposed
Hazard Index:

Construction
Type:

SECTION 7 - Estimated Construction Costs:

Building: Electrical: Plumbing: Mechanical: Fire Protect: Total Cost:

Permit Fee:
For Official
Use Only:

SECTION 8 - Owner Authorization. To Be Completed When Owners Agent or Contractor Applies For Building Permit:

I, print _____, as Owner of the above subject property hereby authorize

print _____ to act on my behalf, in all matters relative to work authorized by this building permit.

SIGN

Signature:

Date:

SECTION 9 - Owner/Authorized Agent Declaration:

I, PRINT _____, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.
Signed under the pains and penalties of perjury.

SIGN

Signature of Owner/Agent:

Date:

SECTION 10 - Approval Status: (For Official Use Only.)

Application Date:

Status Date:

Remarks:

Permit Number:

☐ Approved

☐ Denied

☐ Pending

☐ Abandoned

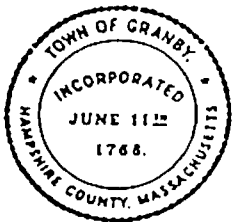
☐ In Part

☐ Voided

Print Inspector Name:

Signature of Inspector:

Date:



TOWN OF GRANBY

MASSACHUSETTS 01033

BUILDING DEPARTMENT
(413) 467-7179

NAME	PERMIT #	DATE
LOCATION	MAP	PARCEL
TYPE CONSTRUCTION	ZONING DISTRICT	
SANITARY DISPOSAL SYSTEM Y N	PERMIT FEE PAID	Y N
WELL PERMIT Y N	TAXES PAID	Y N
WELL DRILLING REPORT Y N	PLOT PLAN	Y N
WATER TEST Y N	AS-BUILT NEEDED	Y N
3 SETS BUILDING PLANS Y N	LANDFILL AFFIDAVIT	Y N
COPY DEED Y N	BUILDING IN FLOOD PLAIN	Y N
MARKED SMOKE DETECTORS Y N	BUILDING IN WETLANDS	Y N
CONSTRUCTION SUPERVISOR'S LICENSE Y N	LOCATED ON SCENIC ROAD	Y N
HOME IMPROVEMENT CONTRACTOR'S LICENSE Y N	ANY STONE WALLS	Y N
HOMEOWNER LICENSE EXEMPTION Y N	BUILDING IN WATER SUPPLY DISTRICT	Y N
WORKMEN'S COMPENSATION AFFIDAVIT Y N	ENERGY AUDIT	Y N

SIGNATURES REQUIRED BY BUILDING DEPARTMENT:

Board of Health:	Sewer Commissioner _____
Well: _____	Chief, Police Department _____
Septic: _____	Historical Commission
Chief, Fire Department	Conservation Commission
Planning Board	Tree Warden
Supervisor, Highway Department	

NOTE: A Building permit will not be issued unless this form is filled out properly and signatures for checked boxes have been obtained.

Inspectors of Buildings, Zoning Enforcement Officer

TOWN OF GRANBY

MASSACHUSETTS 01033

BUILDING DEPARTMENT
(413) 467-7179

SANITARY LANDFILL AFFIDAVIT

PERMIT NO. _____

In accordance with the provisions of ML c 40, S 54, a condition of a Building Permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.

The debris will be disposed of in:

(Location of Facility)

Signature of Permit Applicant

Date

PLOT PLAN

DATE: _____

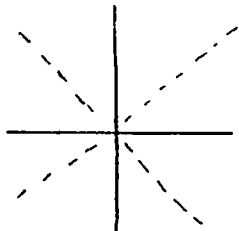
HOUSE NUMBER _____

LOT NUMBER _____

OWNER OF LAND _____

ZONE _____

Nearest Street -----ft.	<div style="text-align: center;"><p>↑</p><p>Rear Yard</p><p>-----ft.</p><p>↓</p></div> <div style="text-align: center;"><p>←</p><p>Side Yard</p><p>-----ft.</p><p>→</p></div> <div style="text-align: center;"><p>←</p><p>Side Yard</p><p>-----ft.</p><p>→</p></div>	<div style="text-align: center;"><p>↑</p><p>HOUSE</p><p>↓</p></div> <div style="text-align: center;"><p>↑</p><p>Set Back</p><p>-----ft.</p><p>↓</p></div>	Nearest Street -----ft.
	<div style="text-align: center;"><p>ft. deep</p><p>-----ft. frontage</p></div>	<div style="text-align: center;"><p>↑</p><p>SIDEWALK</p><p>↓</p></div>	



Mark North Point

_____ Street/Avenue/Road

Signature _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|--|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|--|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

BRING TO TAX COLLECTOR TO BE FILLED OUT

**TOWN OF GRANBY
BUILDING DEPARTMENT**

**REQUEST TO COLLECTOR'S OFFICE FOR
VERIFICATION OF PAYMENTS**

PROPERTY LOCATION: _____

PARCEL ID: _____

OWNER'S NAME: _____

PLEASE CHECK ONE:

___ BUILDING ___ SIGN PERMIT ___ ELECTRICAL ___ PLUMBING

COLLECTOR'S OFFICE ENTRY

REMARKS: _____

REPORTED BY: _____ DATE: _____